

COMMONWEALTH OF VIRGINIA
Master Equipment Leasing Program
Financing Request Certificate

DATE: _____

AGENCY NAME/ #: _____

ADDRESS: _____

AGENCY CONTACT/TITLE: _____

CONTACT PHONE #: _____

AMOUNT:

Equipment Cost _____

Down Payment or Trade-in, if any _____

Amount to be Financed _____

FINANCING TERM REQUESTED (3,4, 5 or 7 Yrs.) _____ Expected Financing Date: _____

DOES THE AGENCY PLAN TO PAY FOR THE EQUIPMENT AND SEEK A REIMBURSEMENT FINANCING? _____

This Financing Request Certificate will be deemed a Declaration of Official Intent based on regulations in 26 CFR Section 1.150-2 (the “IRS Regulations”). Therefore, if an Agency plan to seek a reimbursement financing, this section must be completed.

AGENCY REPRESENTATIVE

By: _____
(Signature)

Name: _____
(Printed)

Title: _____

EQUIPMENT:

Complete Equipment Description (non-technical description).

Is proposed equipment replacement equipment? If so, specify age of equipment being replaced.

Is proposed equipment new or additional? If so, specify why equipment is needed.

What function does equipment perform? What is the essential use?

Please attach a copy of the project justification, cost/benefit analysis or feasibility study if one was prepared.

First year payment appropriated? Yes ____ No ____ - Explain _____